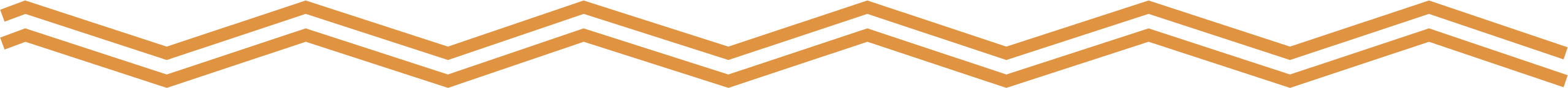


2.4: Example of a Case File Checklist



The case file checklist is an example of a case-level form that could be used by a supervisor to ensure each home visitor’s paper file includes the necessary assessments. This checklist is used in conjunction with the missing data report. Once a supervisor or data manager completes the case file checklist, the information would be aggregated in a missing data report for the program.

| Case File Checklist | | | |
| --- | --- | --- | --- |
| Client ID: | Checklist Date: MM/DD/YYYY | | |
|  | | | |
| Is the case status for this client currently shown as active? | | Yes |  |
| No |  |
| When was the last contact made with the client/family? | | MM/DD/YYYY | |
| When was the last contact attempted with the client/family? | | MM/DD/YYYY | |
| Dates of the last three attempts to make a home visit contact: | | MM/DD/YYYY | |
| MM/DD/YYYY | |
| MM/DD/YYYY | |
| Contact notes: | | | |
| Is the case ready for closure? | | Yes |  |
| No |  |
|  | | | |
| Has the intake form been completed for client/family? | | Yes |  |
| No |  |
| When was the intake form completed? | | MM/DD/YYYY | |
| Note missing data or issues on intake form: | | | |
|  | | | |
| Has a family profile been completed for client/family? | | Yes |  |
| No |  |
| When was the family profile completed? | | MM/DD/YYYY | |
| Note any missing data or issues on family profile: | | | |
|  | | | |
| Have any referrals been made? | | Yes |  |
| No |  |
| What are the types and dates of the referrals? | | | |
| Depression Referral | | MM/DD/YYYY | |
| Substance Abuse | | MM/DD/YYYY | |
| Domestic Abuse | | MM/DD/YYYY | |
| Other (Note) | | MM/DD/YYYY | |
|  | | | |
| Case Forms/Screenings Checklist | | | |
| Client ID: | Checklist Date: MM/DD/YYYY | | |
|  | | | |
| Have the following screenings been completed and when? | | | |
| Tobacco screening, Enrollment | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Tobacco screening, 12 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Postnatal Depression Screening, within 3 months of postenrollment | | MM/DD/YYYY | |
| Were all data completed for this screening? | | Yes |  |
| No |  |
| Substance Abuse Screening, Enrollment | | MM/DD/YYYY | |
| Were all data completed for this screening? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Third Edition (ASQ-3), Enrollment | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Third Edition (ASQ-3), 9 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Third Edition (ASQ-3), 18 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Third Edition (ASQ-3), 24 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Third Edition (ASQ-3), 30 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Ages & Stages Questionnaires, Social-Emotional (ASQ:SE), 12 months | | MM/DD/YYYY | |
| Were all data completed for this questionnaire? | | Yes |  |
| No |  |
| Relationship Assessment Tool | | MM/DD/YYYY | |
| Were all data completed for this evaluation? | | Yes |  |
| No |  |
| Note missing data or issues: | | | |